



Adolescent School Health (ASHP) – Fact Sheet

The amount of funding allocated to the ASHP directly impacts the Program's ability to expand access to comprehensive primary and preventive medical and behavioral health care for public school students through the establishment of additional School Based Health Centers (SBHCs) throughout the State.

Objective

Increase access to comprehensive primary and preventive medical and behavioral health care to 5% more public school students than in previous year by establishing 5 more SBHCs by the end of FY 10-11.

Performance Indicators

1. Increase by 5% the number of students with access to SBHC comprehensive services.
2. Increase # of comprehensive physicals and risk assessments to ensure screening and intervention for all sentinel conditions
3. Increase # of children with chronic disease (asthma, diabetes 2, hypertension.) who have management plans and consistent follow up, including life style counseling.
4. Increase # of children identified with poor school performance who receive screening and counseling resulting in improved performance.
5. Consult with SBHCs on implementing the use of an EMR with emphasis on establishing baselines for sentinel conditions and embedding criteria for tracking outcomes/trends related to sentinel conditions.

Narrative

The Adolescent School Based Health Program (ASHP) receives funding from the state to establish School Based Health Centers (SBHCs) within public schools. The state puts up about 80% of the money. Then private sponsors (medical providers, school systems) apply for state funding and commit to putting up the rest of the money to form a private/public partnership. SBHCs provide convenient access to comprehensive, primary and preventive physical and behavioral health services (mental health counseling, substance abuse prevention) for public school students at the school site. Most SBHCs have the following full time staff: a nurse practitioner, a registered nurse, a social worker and a data manager. Some SBHCs have a doctor

for a few hours per week. Some of the services an SBHC provides are: well child checkups, immunizations, health education, care for minor illness, helping students with asthma, diabetes, etc. learn to manage their illness so they don't get worse. ASHP sets standards for the quality care provided in each SBHC and monitors the SBHCs to be sure they are living up to these standards. To be sure that the SBHCs are helping students reach the best health outcomes, ASHP has a list of sentinel conditions which the Centers for Disease Control (CDC), the American Academy of Pediatrics (AAP), and other national health experts have identified as important factors that lead to healthy outcomes in children and adolescents (<http://pediatrics.aappublications.org/cgi/data/120/6/1376/DC1/1>). The SBHC uses the comprehensive physical exam as the means to screen for the sentinel conditions. ASHP's list of sentinel conditions includes a performance goal and a method of measuring performance on each condition. ASHP visits the SBHC sponsors on a rotating basis to check on how well the SBHC is reaching the goal for each sentinel condition. The sentinel conditions are: risk assessments, comprehensive physicals, sexually transmitted disease screening/risk reduction with emphasis on abstinence education, tobacco use prevention/treatment, written asthma plans, yearly blood pressures/ height/weight/Body Mass Index (BMI), immunizations, Type 2 diabetes screens, poor school performance.

See <http://www.dhh.louisiana.gov/offices/Maps.asp?ID=255&Detail=135> for complete explanation of conditions, goals, and measures.

There are currently 65 SBHCs in 27 parishes, providing access to approximately 58,000 public school students in grades Pre-Kindergarten through 12th grade. ASHP partners with the following organizations who sponsor the SBHCs: LSUHSC; St Gabriel Health Clinic; CHRISTUS Health System (CHRISTUS Schumpert, CHRISTUS St. Patrick, CHRISTUS Cabrini); Ouachita Parish School Board; Health Centers in Schools; Primary Care Providers for a Healthy Feliciana; West Feliciana School Board; Jackson Parish Hospital; Jefferson Parish School Board; MCLNO; Innis Community Health Center; Teche Action Board; Methodist Health System Foundation; Richardson Medical Center; St. Francis Medical Center; Tulane University; Our Lady of Lourdes Hospital; St. Helena Community Health Center; St. Martin Parish School Board; Richland Parish Hospital; Madison Parish Hospital; Washington Parish Regional Medical Center/Bogalusa Medical Center; and Allen Parish School Board. We also collaborate with the LA Department of Education, LA Medicaid; LA Office of Mental Health; Metropolitan Human Services District; the LA Obesity Council, and the Bureau of Primary Care as well as several programs within OPH.

Better Health

ASHP was established by LA RS 40:31.3. SBHCs impact multiple state goals. **Better Health-** Besides providing direct medical care, SBHCs emphasize preventive care, health education, teaching healthy behaviors, and promoting responsibility for personal health. **Education-** Medical and behavioral health care at the school reduces time out of class/absenteeism and keeps youth healthy and ready to learn. **Safe/Thriving Families-** Having health care at school

means a parent doesn't lose time from work taking a child to the doctor, thus reducing a family's economic stress. Behavioral health at the SBHC addresses risk factors/behaviors that contribute to substance abuse, community violence, and other problems. **Transparent/Accountable/Effective Government**-SBHCs depend on state and private funds to effectively carry out their mission. Funding from the State plays a critical role in providing stability to the overall operations of SBHCs. SBHCs funded by the State are more likely to provide quality comprehensive services because of state monitoring of standards and are less likely to struggle to maintain services over time than those not funded with state dollars. State funding does not meet the overall cost of operating SBHCs but rather serves as a cornerstone in leveraging other funds. In FY08-09, the state awarded approximately \$8.4 million in contracts to private sponsors. This leveraged approximately \$5.6 million in in-kind dollars from these sponsors, more than the required 20% match. In 08-09, the average cost for 142,348 student visits was only \$61 per visit. ASHP data shows that the more students served, the lower the cost per visit becomes. Additionally, providing easy access to primary care and to chronic disease management at the SBHC reduces the number of non-emergency visit to emergency rooms and preventable hospitalizations, reducing the state's overall cost of health care. One SBHC in Monroe reduced ER visits by 51% for 12-18 year olds in their 1st year of operation.

ASHP has provided quality,affordable health care to underserved children/adolescents for 18 years. From 2003-2009, the number of SBHCs has increased from 53 in 23 parishes providing access to 48,488 students to 65 SBHCs in 27 parishes providing access to almost 58,000 students. The number of general preventive medicine visits has gone from 34,994 in 03-04 to 42,914 in 07-08. SBHCs are Medicaid/LaChip enrollment centers. Rates of uninsured students at schools with SBHCs went down from 14% in 03-04 to 7% in 07-08. Between 2003 and 2008, 5625 students were screened for Type 2 diabetes with 63 students previously undiagnosed students found positive for the disease. These students were immediately referred to primary care physicians for treatment and the SBHC started a diabetes management plan on each student which included life style counseling (nutrition, physical activity, etc.). Mental health visits remain the 2nd most frequent reason for student visits to the SBHCs. Mental health visits increased from 25,000 in 03-04 to 33,000 in 07-08. ASHP provided trainings to SBHC behavioral health staff through a series of clinical counseling workshops sponsored by the Children's Health Fund. See links to ASHP Annual Reports and APR documents on ASHP web page: <http://www.dhh.louisiana.gov/offices/?ID=255>.

Additional links to related documents:

http://ww2.nasbhc.org/RoadMap/Public/PUB_Academic_Outcomes.pdf;

http://www.nasbhc.org/atf/cf/%7BCD9949F2-2761-42FB-BC7A-CEE165C701D9%7D/TA_AO%20fact%20sheet.pdf;

<http://pediatrics.aappublications.org/cgi/content/abstract/120/4/e887>;

<http://pediatrics.aappublications.org/cgi/content/full/113/6/1839>;
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T80-4X3MR7M-3&_user=10&_rdoc=1&_fmt=&_orig=search&_sort=d&_docanchor=&_view=c&_searchStrId=1027264918&_rerunOrigin=google&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=8f9c042b6c98fcf7a1fc729e697c1586;
<http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?View=Full&ID=22005001556>